

# EXHIBIT A

**AFFIDAVIT FOR SERVICE OF PROCESS ON THE  
SECRETARY OF THE COMMONWEALTH**

Commonwealth of Virginia Va. Code §§ 8.01-301, -329; 55.1-1211; 55.1-1401; 57-51

Case No. CV-23-2662

District Court

Rachel Peters v. Goldman Sachs Bank  
189 Sunview Drive 200 West St  
Lynchburg, VA 24502 New York, NY 10166

TO THE PERSON PREPARING THIS AFFIDAVIT: You must comply with the appropriate requirements listed on the back of this form.

Attachments: ☐ Warrant ☐ Motion for Judgment ☐

I, the undersigned Affiant, state under oath that:

☐ the above-named defendant ☐whose last known address is: ☐ same as above ☐

- ☐ is a non-resident of the Commonwealth of Virginia or a foreign corporation and Virginia Code § 8.01-328.1(A) applies (see NON-RESIDENCE GROUNDS REQUIREMENT on reverse).
- ☐ is a person whom the party seeking service, after exercising due diligence, has been unable to locate (see DUE DILIGENCE REQUIREMENT on reverse) and that

09/27/2023 is the return date on the attached warrant, motion for judgment or notice (see TIMELY SERVICE REQUIREMENT on reverse).

DATE

☐ PARTY☐ PARTY'S ATTORNEY☐ PARTY'S AGENTState of Virginia☐ City ☐ County of LynchburgAcknowledged, subscribed and sworn to before me this 21st day of June, 2023

NOTARY REGISTRATION NUMBER

☐ CLERK ☐ MAGISTRATE ☐ NOTARY PUBLIC (My commission expires .....☐ Verification by the clerk of the court of the date of filing of the certificate of compliance requested. A self-addressed stamped envelope was provided to the clerk at the time of filing of this Affidavit.**NOTICE TO THE RECIPIENT from the Office of the Executive Secretary of the Commonwealth of Virginia:**

You are being served with this notice and attached pleadings under Section 8.01-329 of the Code of Virginia which designates the Secretary of the Commonwealth as statutory agent for Service of Process. The Secretary of the Commonwealth's ONLY responsibility is to mail, by certified mail, return receipt requested, the enclosed papers to you. If you have any questions concerning these documents, you may wish to seek advice from a lawyer.

**SERVICE OF PROCESS IS EFFECTIVE ON THE DATE WHEN SERVICE IS MADE ON THE SECRETARY OF THE COMMONWEALTH.****CERTIFICATE OF COMPLIANCE**

I, the undersigned, Clerk in the Office of the Secretary of the Commonwealth, hereby certify the following:

- On JUN 23 2023, legal service in the above-styled case was made upon the Secretary of the Commonwealth, as statutory agent for persons to be served in accordance with Section 8.01-329 of the Code of Virginia, as amended.
- On JUL 06 2023, papers described in the Affidavit and a copy of this Affidavit were forwarded by certified mail, return receipt requested, to the party designated to be served with process in the Affidavit.

[Signature]  
 SERVICE OF PROCESS CLERK, DESIGNATED BY THE AUTHORITY OF THE  
 SECRETARY OF THE COMMONWEALTH

**TIMELY SERVICE REQUIREMENT:**

Service of process in actions brought on a warrant or motion for judgment pursuant to Virginia Code § 16.1-79 or § 16.1-81 shall be void and of no effect when such service of process is received by the Secretary within ten days of any return day set by the warrant. In such cases, the Secretary shall return the process or notice, the copy of the affidavit, and the prescribed fee to the plaintiff or his agent. A copy of the notice of the rejection shall be sent to the clerk of the court in which the action was filed.

**NON-RESIDENCE GROUNDS REQUIREMENT:**

If box number 1 is checked, insert the appropriate subsection number:

A court may exercise personal jurisdiction over a person, who acts directly or by an agent, as to a cause of action arising from the person's:

1. Transacting any business in this Commonwealth;
2. Contracting to supply services or things in this Commonwealth;
3. Causing tortious injury by an act or omission in this Commonwealth;
4. Causing tortious injury in this Commonwealth by an act or omission outside this Commonwealth if he regularly does or solicits business, or engages in any other persistent course of conduct, or derives substantial revenue from goods used or consumed or services rendered in this Commonwealth;
5. Causing injury in this Commonwealth to any person by breach of warranty expressly or impliedly made in the sale of goods outside this Commonwealth when he might reasonably have expected such person to use, consume, or be affected by the goods in this Commonwealth, provided that he also regularly does or solicits business, or engages in any other persistent course of conduct, or derives substantial revenue from goods used or consumed or services rendered in this Commonwealth;
6. Having an interest in, using, or possessing real property in this Commonwealth;
7. Contracting to insure any person, property, or risk located within the Commonwealth at the time of contracting; or
8. (ii). Having been ordered to pay spousal support or child support pursuant to an order entered by any court of competent jurisdiction in this Commonwealth having in personam jurisdiction over such person.
9. Having incurred a liability for taxes, fines, penalties, interest, or other charges to any political subdivision of the Commonwealth.

**DUE DILIGENCE REQUIREMENT:**

If box number 2 is checked, the following provision applies:

When the person to be served is a resident, the signature of an attorney, party or agent of the person seeking service on such affidavit shall constitute a certificate by him that process has been delivered to the sheriff or to a disinterested person as permitted by § 8.01-293 for execution and, if the sheriff or disinterested person was unable to execute such service, that the person seeking service has made a bona fide attempt to determine the actual place of abode or location of the person to be served.

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

LYNCHBURG

General District Court

CITY OR COUNTY

905 Court Street, Public Safety Building, Courtroom B, Lynchburg, VA 24504 (434) 455-2640

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

09-24-23 9:00 AM to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

DATE ISSUED

[ ] CLERK

[ ] DEPUTY CLERK

[ ] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 2000 net of any credits, with interest at 15% % from date of 01-13-23 until paid,

\$ attorney's fees with the basis of this claim being

[ ] Open Account [ ] Contract [ ] Note [ ] Other (EXPLAIN) inaccurate

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] cannot be demanded

DATE

[ ] PLAINTIFF [ ] PLAINTIFF'S ATTORNEY [ ] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [ ] named Defendant(s) [ ]

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[ ] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] CAN NOT BE DEMANDED

[ ] JUDGMENT FOR [ ] NAMED DEFENDANT(S) [ ]

[ ] NON-SUIT [ ] DISMISSED

Defendant(s) Present: [ ] NO [ ] YES

DATE

JUDGE

CASE NO.

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[ ] To dispute this claim, you must appear on the return date to try this case.

[ ] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DUE

Grounds of Defense ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

DATE

CLERK

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.



**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

NAME .....	
ADDRESS .....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER .....
DATE .....	for .....

NAME .....	
ADDRESS .....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER .....
DATE .....	for .....

NAME .....	
ADDRESS .....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
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<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER .....
DATE .....	for .....

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
DATE .....	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent
If Filed issued on ..... Interrogatories issued on ..... Garnishment issued on .....	

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

LYNCHBURG

CITY OR COUNTY General District Court

905 Court Street, Public Safety Building, Courtroom B, Lynchburg, VA 24504 (434) 455-2640

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

06/13/23 9:00 AM to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

DATE ISSUED 06/13/23 [ ] CLERK [ ] DEPUTY CLERK [ ] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 100.00 net of any credits, with interest at 10% from date of 1/8/21 until paid,

\$ 100.00 costs and \$ 10.00 attorney's fees with the basis of this claim being

[ ] Open Account [ ] Contract [ ] Note [ ] Other (EXPLAIN) Repayment

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] cannot be demanded

DATE 6/19/2023 [ ] PLAINTIFF [ ] PLAINTIFF'S ATTORNEY [ ] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [ ] named Defendant(s) [ ]

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[ ] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] CAN NOT BE DEMANDED

[ ] JUDGMENT FOR [ ] NAMED DEFENDANT(S) [ ]

[ ] NON-SUIT [ ] DISMISSED

Defendant(s) Present: [ ] NO [ ] YES

DATE JUDGE

HEARING DATE AND TIME

7/24/23

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Peters, Rachel, N

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Goldman Sachs Bank  
100 West 84  
New York, NY 10119

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[ ] To dispute this claim, you must appear on the return date to try this case.

[ ] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DUE

Grounds of Defense ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

DATE

CLERK

DISABILITY ACCOMMODATIONS

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

NAME .....	NAME .....	NAME .....
ADDRESS .....	ADDRESS .....	ADDRESS .....
<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:  <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  <input type="checkbox"/> Served on Secretary of the Commonwealth	<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:  <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  <input type="checkbox"/> Served on Secretary of the Commonwealth	<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:  <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  <input type="checkbox"/> Served on Secretary of the Commonwealth
<input type="checkbox"/> NOT FOUND ..... DATE ..... for ..... SERVING OFFICER .....	<input type="checkbox"/> NOT FOUND ..... DATE ..... for ..... SERVING OFFICER .....	<input type="checkbox"/> NOT FOUND ..... DATE ..... for ..... SERVING OFFICER .....

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

NAME .....	NAME .....	NAME .....
ADDRESS .....	ADDRESS .....	ADDRESS .....
<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:  <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  <input type="checkbox"/> Served on Secretary of the Commonwealth	<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:  <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  <input type="checkbox"/> Served on Secretary of the Commonwealth	<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:  <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.  <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)  <input type="checkbox"/> Served on Secretary of the Commonwealth
<input type="checkbox"/> NOT FOUND ..... DATE ..... for ..... SERVING OFFICER .....	<input type="checkbox"/> NOT FOUND ..... DATE ..... for ..... SERVING OFFICER .....	<input type="checkbox"/> NOT FOUND ..... DATE ..... for ..... SERVING OFFICER .....

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

DATE .....  
☐ Plaintiff  
☐ Plaintiff's Atty.  
☐ Plaintiff's Agent

Fi. Iss. issued on .....  
 Interrogatories issued on .....  
 Garnishment issued on .....



HEARING DATE AND TIME

CASE NO. 619/2023

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL) James, Rachel A

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL) James, Rachel A

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL) James, Rachel A

**WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

☐ To dispute this claim, you must appear on the return date to try this case.

☐ To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DUE

Grounds of Defense ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)

ATTORNEY FOR DEFENDANT(S)

**WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)**

Commonwealth of Virginia VA. CODE § 16.1-79

**LYNCHBURG**

CITY OR COUNTY General District Court

905 Court Street, Public Safety Building, Courtroom B, Lynchburg, VA 24504 (434) 455-2640

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

RETURN DATE AND TIME 08/13/23 to answer the Plaintiff(s)' civil claim (see below)

DATE ISSUED 08/13/23

☐ CLERK ☐ DEPUTY CLERK ☐ MAGISTRATE

**CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of \$ 200 net of any credits, with interest at 0% from date of 08/13/23 until paid, \$ 200 costs and \$ 0 attorney's fees with the basis of this claim being inaccuracy

☐ Open Account ☐ Contract ☐ Note ☐ Other (EXPLAIN) inaccuracy

**HOMESTEAD EXEMPTION WAIVED?** ☐ YES ☐ NO ☐ cannot be demanded

DATE 6/19/2023

☐ PLAINTIFF ☐ PLAINTIFF'S ATTORNEY ☐ PLAINTIFF'S EMPLOYEE/AGENT

**CASE DISPOSITION**

JUDGMENT against ☐ named Defendant(s) ☐ for \$ net of any credits, with interest at % from date of until paid, \$ costs and \$ attorney's fees

☐ and \$ costs for Servicemember Civil Relief Act counsel fees

**HOMESTEAD EXEMPTION WAIVED?** ☐ YES ☐ NO ☐ CAN NOT BE DEMANDED

☐ JUDGMENT FOR ☐ NAMED DEFENDANT(S) ☐

☐ NON-SUIT ☐ DISMISSED

Defendant(s) Present: ☐ NO ☐ YES

DATE JUDGE



**RETURNS: Each defendant was served according to law, as indicated below, unless not found.**

NAME .....	
ADDRESS .....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
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<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER .....
DATE .....	for .....

NAME .....	
ADDRESS .....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
Being unable to make personal service, a copy was delivered in the following manner:	
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<input type="checkbox"/> NOT FOUND	SERVING OFFICER .....
DATE .....	for .....

NAME .....	
ADDRESS .....	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No. ....
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<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER .....
DATE .....	for .....

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on	
DATE .....	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent
If filed, issued on .....	
Interrogatories issued on: .....	
Garnishment issued on: .....	